24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
AME OF COMMITTEE (In Full)	
American Hospital Association PAC	FEC IDENTIFICATION NUMBER ▼
·	C C00106146
heck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	
Waterfront Strategies	Date of Public Distribution/Dissemination
Mailing Address 3050 K Street, NW	04 28 2014
Suite 100	Amount
City State Zip Code	183815.00
Washington DC 20007	Transaction ID : 21705914 Date of Disbursement or Obligation
Purpose of Expenditure Television Advertising Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Sen. Mark P. Begich Oppose	President State: AK
Calendar Year-To-Date Per Election for Office Sought Disbut 228800.00	Ursement For:
Full Name of Payee Waterfront Strategies	Date of Public Distribution/Dissemination
Mailing Address 3050 K Street, NW	04 28 2014
Suite 100	Amount
City State Zip Code	16185.00
Washington DC 20007	Transaction ID : 21705916 Date of Disbursement or Obligation
Purpose of Expenditure Television Production - Estimate Category/ Type 004	M M / D D / Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Sen. Mark P. Begich Oppose	President State: AK
Calendar Year-To-Date Per Election for Office Sought Disburger 228800.00	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	200000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
24.0	M / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 3 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
American Hospital Association PAC	C C00106146				
Check if 24-hour report X 48-hour report New report Amends report	ort filed on				
Full Name of Payee Waterfront Strategies	Date of Public Distribution/Dissemination				
Mailing Address 3050 K Street, NW	04 29 2014 Amount				
Suite 100					
City State Zip Code	181390.00				
Washington DC 20007	Transaction ID: 21705918 Date of Disbursement or Obligation				
Purpose of Expenditure Television Advertising Category/ Type 004	M M / D D / Y Y Y Y				
Name of Federal Candidate Support	Office Sought: House District:				
Sen. Mark L. Pryor Oppose	President Senate State: AR				
Calendar Year-To-Date Per Election for Office Sought 228500.00	Disbursement For:				
Full Name of Payee	Date of Public Distribution/Dissemination				
Waterfront Strategies	04 29 2014				
Mailing Address 3050 K Street, NW	Amount				
Suite 100	Amount				
City State Zip Code	18610.00				
Washington DC 20007	Transaction ID: 21705920 Date of Disbursement or Obligation				
Purpose of Expenditure Television Production - Estimate Category/ Type 004	M = M / D = D / Y = Y = Y				
Name of Federal Candidate Support	Office Sought: House District:				
Sen. Mark L. Pryor Oppose	President Senate State: AR				
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures	>				
(c) TOTAL Independent Expenditures	·· •				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Melinda Hatton [Electronically Filed] Date	e 04 29 2014				
Oignatuio					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)				PAGE 3 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
American Hospital Association	ı PAC		C	C00106146
Check if 24-hour report X 48-hour	report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Data of Publi	c Distribution/Dissemination
Anzalone Liszt Grove Rese			Date of Publi	/ 28 2014
Mailing Address 260 Commerce Street -	4th Floor		Amount	
City State Zip Code				28800.00
Montgomery	AL	36104		ID: 21705923 ursement or Obligation
Purpose of Expenditure Polling		Category/ Type 005	M = M	
Name of Federal Candidate		Support	Office Sought:	House District:
Sen. Mark P. Begich		Oppose	President	Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	2	228800.00	Disbursement For: 2014 Other (sp	Primary General Decify) ▶
Full Name of Payee Anzalone Liszt Grove Resear Mailing Address 260 Commerce Street			Date of Publ 04 Amount	ic Distribution/Dissemination
City	State	Zip Code		28500.00
Montgomery	AL	36104	Transaction I	
Purpose of Expenditure Polling		Category/ Type 005	M = M	/ D = D / Y = Y = Y
Name of Federal Candidate		X Support	Office Sought:	House District:
Sen. Mark L. Pryor		Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		228500.00	Disbursement For: 2014 Other (s	Primary General pecify) ▶
(a) SUBTOTAL of Itemized Independent	Expenditures		•	57300.00
(b) SUBTOTAL of Unitemized Independent	nt Expenditures		· •	
(c) TOTAL Independent Expenditures			·	457300.00
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			
Ms. Melinda Hatton	[Electron	nically Filed] Date	04 / 29	2014
Signature				